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SEC 1972 Potential persons who are to respond to the collection of information contained (6-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

n a 2004

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden

hours per response...1

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

6909 E. Main Street, Scottsdale, Arizona 85251-4311

SEC USE ONLY								
Prefix Serial								
DATE RI	ECEIVED							

480-874-0275

Name of Offering ([] check if this is an amendment and name has changed, and	d indicate change.)
Filing Under (Check box(es) that [] Rule 504 [] Rule 505 [X] Rule 506 apply):	[] Section 4(6) [] ULOE
Type of Filing: [X] New Filing [] Amendment	PROCESSED
	JUL 28 2004
A. BASIC IDENTIFICATION DATA	THOMSON P
Enter the information requested about the issuer	FINANCIAL
Name of Issuer ([] check if this is an amendment and name has changed, and	l indiciate change.)
ICP 1900, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	

Number (if different from Executive Of	(Including Area	State, Zip Code) Telephone Code)
SAME		
Brief Description of Business		
Ownership of an office comple	ex	
Type of Business Organizatio	n	
[] corporation	[] limited partnership, already formed	[X] other (please specify):
[] business trust	[] limited partnership, to be formed	Limited liability company
	Month Yea	ar
	ncorporation or Organization: [0][3] [0][4 or Organization: (Enter two-letter U.S. Posta CN for Canada; FN for other forei	al Service abbreviation for State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states

in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Apply:	Box(es)	that [X] Promoter [] Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/o Managing Partner
Full Na	ame (Last	name first, if individua	al) International (Capit	al Partners, LL0).			
Busine	ss or Res	idence Address (Num	ber and Street,	City,	State, Zip Code)			
6909 E	. Main St	reet, Scottsdale, Ariz	ona 85251-4311	1					
Check Apply:	Box(es)	that [] Promoter [] Beneficial Owner	[]	Executive Officer	[]	Director [-	General and/o Managing Partner
Full Na	me (Last	name first, if individua	al) International	Capi	tal Partners, LL	0			
Busine	ss or Res	idence Address (Num	ber and Street,	City,	State, Zip Code)			
6909 E	. Main St	reet, Scottsdale, Arizo	ona 85251-431	1					
Check Apply:	Box(es)	that [] Promoter [] Beneficial Owner	[]	Executive Officer	[]	Director [-	General and/o Managing Partner
Full Na	me (Last	name first, if individua	al)						
Busine	ss or Res	idence Address (Num	ber and Street, (City,	State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
Check Apply:	Box(es)	that [] Promoter [Beneficial Owner	[]	Executive Officer	[]	Director [-	General and/o Managing Partner
Full Na	me (Last	name first, if individua	al)			***************************************			
Busine	ss or Res	idence Address (Num	ber and Street, (City,	State, Zip Code)			The sufficient of the sufficie
Check	Box(es)	that [] Promoter [] Beneficial	[]	Executive	[]	Director []	General and/o

Apply	:				Owne	•		Offic	cer					anag ırtne	
Full N	ame (La	st name	first, if	ndividua	al)										
Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, C	ity,	State	e, Zip C	ode)					
Check Apply		s) that	[] Pror	moter [] Benefi Owner		[]	Exe	cutive cer	1	[][Director	Ma	ener anag irtne	
Full N	ame (La	st name	first, if i	ndividua	al)							<u> </u>			
Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, C	ity,	State	e, Zip C	ode)					
Check Apply:		s) that	[] Pror	moter [] Benefi Owner		[]	Exe	cutive cer	Į.	[][Director	Ma	ener anag irtne	
Full N	ame (La	st name	first, if i	ndividua	ai)										
Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, C	ity,	State	e, Zip C	ode)					
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-				B. IN	FORMA	TION AE	BOL	JT OI	FFERIN	G					
	s the is		ld, or d	oes the	issuer	intend to	se	ll, to	non-ac	credi	ted	investor	s in ti	his	Yes No
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Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, C	ity,	State	e, Zip C	ode)					
Name	of Asso	ciated B	roker or	Dealer											
						r Intends ates)				asers		[] All	l Sta	ates
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]		
Full N	Full Name (Last name first, if individual)													
Busin	Business or Residence Address (Number and Street, City, State, Zip Code)													
Name	Name of Associated Broker or Dealer													
States	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Chec	k "All	States"	or chec	k indiv	idual St	ates)	• • • • • • • • • • • • • • • • • • • •	••		[] All St	ates		
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (La	st name	e first, if i	ndividua	ai)									
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)					
Name	of Asso	ciated E	Broker or	Dealer										
States	in Whic	h Perso	n Listed	Has Sc	licited o	r Intends	to Solici	it Purcha	sers					
(Chec	k "All	States"	or chec	k indiv	idual St	ates)	• • • • • • • • • • • • • • • • • • • •	•		[] All St	ates		
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
	(Us	e blank	sheet, o	or copy	and use	additio	nal copi	ies of thi	is sheet,	as nece	essary.)			
<u> </u>	C. OFF	ERING	PRICE,	NUMBE	R OF IN	VESTO	RS, EXP	ENSES	AND US	E OF PI	ROCEED			
4 =	4 41-		-150					.1						

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify) Interests in limited liability company	\$ 6,000,000	\$ 200,000
Total	\$ 6,000,000	\$ 200,000

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors 3	Aggregate Dollar Amount of Purchases \$ 200,000
Non-accredited Investors	0	\$
Total (for filings under Rule 504 only)		 \$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Secur	ity Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		[]\$
Printing and Engraving Costs		[X] \$ 1,000
Legal Fees		[X] \$ 15,000
Accounting Fees		[]\$
Engineering Fees		[]\$
Sales Commissions (specify finders' fees separately)		[]\$
Other Expenses (identify) Marketing Expenses		[X] \$ 6,000
Total		[] \$ 22,000
b. Enter the difference between the aggregate offering price given in res C - Question 1 and total expenses furnished in response to Part C - Que difference is the "adjusted gross proceeds to the issuer."		

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Payments to)
		Officers, Directors, & Affiliates	& Payments To Others
Salaries and fees		[] \$	[] \$
Purchase of real estate		[] \$	[X]\$5,000,000
Purchase, rental or leasing and insta and equipment		[] \$	[] \$
Construction or leasing of plant buildings and facil	ities	[] \$	[] _\$
Acquisition of other businesses (inclused in this offering that exchange for the assets or securities pursuant to a merger)	t may be used in s of another issuer	[]	[]
Repayment of indebtedness		[] \$	[] \$
Working capital		[] \$	[X] \$978,000
Other (specify):		[]	[] \$
		[] \$	[] \$
Column Totals		[] \$	[]
Total Payments Listed (column totals added)		· ————	5,978,000
D. FEDERAL S	IGNATURE	samona - Al Mountainean	
The issuer has duly caused this notice to be signed notice is filed under Rule 505, the following signature to the U.S. Securities and Exchange Commission, furnished by the issuer to any non-accredited investor processing the second security of the second secon	constitutes an undertaking	ng by the iss its staff, the	uer to furnish e information
Issuer (Print or Type)	Signature	Date	
ICP 1900, LLC	my to	C7/29/04	
Name of Signer (Print or Type)	Title of Signer (Print or	Гуре)	
Thomas E. Donahue	Manager		

ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

APPENDIX

1	2		3			5 Disqualification			
	Intend to non-accinvestors (Part B-I	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	aı	Type of mount pur (Part	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL								1.21.22.22.22.22.22.22.22.22.22.22.22.22	
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